



**Application for Waiver of Minimum Wage for
Student Employees Enrolled In and Employed by a
Bona Fide Educational Institution
454 C.M.R. 27.06(1)(b)**

Pursuant to 454 C.M.R. 27.06(1)(b), the Department of Labor Standards may issue to any bona fide educational institution a license permitting payment of not less than 80% of the basic minimum wage rate ($\$11.00 \text{ per hour} \times 80\% = \8.80 per hour) to students enrolled in and employed by the institution.

To apply for this annual waiver, the employer must submit this completed application form, along with a fee of one hundred dollars (\$100). The fee must be submitted in the form of a money order or check, payable to the Commonwealth of Massachusetts, in the amount of the entire annual fee. This fee is not refundable in the event that this application is denied.

Please submit the completed application form and application fee to:

**Department of Labor Standards
Minimum Wage Program
19 Staniford Street, 2nd Floor
Boston, MA 02114**

Your application form and fee should be submitted at least 30 days prior to the requested date of applicability.

**If you have any questions regarding this application,
please contact DLS at 617-626-6952**



**Application for Waiver of Minimum Wage for
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by a Bona Fide Educational Institution
454 C.M.R. 27.06(1)(b)**

Please provide the following information:

1. Name of bona fide educational institution: _____

2. Nature of business: _____
3. Telephone number: _____
4. Business address: _____
5. Name of contact person and title: _____
6. Provide the number of students to be employed at sub-minimum wage: _____
7. Are all students to be employed at sub-minimum wage enrolled in the institution? Yes ☐ No ☐
8. List the duties to be performed by the student employees: _____

9. Provide the proposed hourly wage to be paid to student employees: _____
10. List all deductions from wages (items and amounts), other than those required by law: _____

11. a. Is this the institution's first application? Yes ☐ No ☐
b. If this is not the first application, when was the last application made? _____
c. If a previous application was approved, when was the waiver in effect? _____

Please note: If the waiver application is approved, the Department of Labor Standards may attach conditions to the granting of the waiver if deemed necessary.

I declare the above facts and any supplemental documentation are true and complete to the best of my knowledge and understand that any false answer(s) will be considered just cause for denial of application. I understand that DLS and the Office of the Attorney General have the right of inspection of any employer's payroll records at any time, and that this waiver is only for students whose employment for wages is part of a formal training program for such period of time as shall be fixed by the Director and stated in the waiver Signed under the pains and penalties of perjury.

Signature

Print Name

Print Title

Date